

POSITION	INITIALS	ID NO.	DATE
9/17/01			
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	1	5/11/01
2	2	5/11/01
3	3	5/11/01
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17	17	
18	18	✓
19	19	✓
20	20	✓
21	21	✓
22	22	✓
23	23	○
24	24	
25	25	○
26	26	
27	27	
28	28	
29	29	✓
30	30	✓
31	31	○
32	32	✓
33	33	✓
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43	43	✓
44	44	✓
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50	50	○

Claim	Final Original	Date
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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